



# OKLAHOMA DRINKING WATER LEAD TESTING IN CHILD CARE FACILITIES

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

## FACILITY INFORMATION

Facility Name \_\_\_\_\_  
Address \_\_\_\_\_  
County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_  
Facility Coordinator \_\_\_\_\_

## BACKGROUND INFORMATION

What is the age range for all attendees \_\_\_\_\_  
Original facility construction date \_\_\_\_\_  
Where do you get your water from?  Public Water Supply  Private Well  
Has your facility tested for lead in drinking water in the past?  Yes  No  
If yes, when: \_\_\_\_\_  
Does your facility participate in OKDHS subsidy program?  Yes  No  
What is the combined number of children and staff in the facility? \_\_\_\_\_  
What is the Facility Licensed Capacity number? \_\_\_\_\_  
What is the number of proposed sample locations? \_\_\_\_\_

**LEAD SAMPLING COORDINATOR \***

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email Address \_\_\_\_\_

Do you wish for your facility to be recognized in the DEQ's Certified Lead Free Drinking Water Award Program?  Yes  No

I hereby acknowledge that I have read, understand, and agree to abide by the EPA's 3Ts guidance document for establishing a Lead Testing Program.

\_\_\_\_\_

Facility Representative Name

\_\_\_\_\_

Facility Representative Signature

\_\_\_\_\_

Date

For questions or assistance, contact us at [lwsc@deq.ok.gov](mailto:lwsc@deq.ok.gov)



\* individual who will be assigned by the child care facility to collect and submit

*samples*